BY ORDER OF THE COMMANDER
AIR FORCE SPECIAL OPERATIONS
COMMAND

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This instruction implements AFTTP 3-42.6, *USAF Medical Support for Special Operations Forces (SOF)*, and AFPD 48-1, *Aerospace Medicine Operations.* This instruction applies to all active duty AFSOC operational medical personnel and all AFSOC Special Tactics personnel trained in emergency medical care. AFSOC operational medical personnel are defined as those assigned to AFSOC medical UTCs, as outlined in paragraph 4.6., as well as other medical personnel assigned to Special Operations Forces (SOF) line units. This instruction has been coordinated with HQ ANG/SG and HQ AFRC/SG. This instruction applies to Air National Guard (ANG) and to Air Force Reserve (AFRC) personnel when they are under TACON/OPCON to HQ AFSOC or 23 AF (AFSOF). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at **https://afrims.amc.af.mil/**. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*, route AF Form 847s from the field through the appropriate functional's chain of command.

SUMMARY OF CHANGES

This publication has been significantly revised and must be completely reviewed. This revision supersedes AFSOCI 48-101, *Special Operations Aerospace Medicine Operations*, 1 Sep 2005 (including IC 2006-1). This revision focuses on tasks and processes that supplement Air Force instructions or that are unique to AFSOC or that merit emphasis because of their application in the special operations environment. This document has been streamlined by deleting standard Air Force tasks or processes that are included in Air Force Instructions or Air Force Medical Service policies. This instruction includes quality assurance and reporting procedures. This instruction establishes Mission Qualification and Mission Ready clinical medical training requirements for AFSOC operational medical personnel. This document also defines additional required training for personnel assigned to specific AFSOC

medical UTCs. This instruction also defines AFSOC Pararescue Jumper medical training and AFSOC Pararescue Medical Program standards.

Chapter 1

ADMINISTRATION OF MEDICAL ACTIVITIES

1.1. Scope of SOF Medical Care . This instruction defines the roles and responsibilities of AFSOC health care providers (HCPs), nurses, IDMTs, cardiopulmonary and surgical technicians regarding scope of medical care while deployed with special operations forces. This document also defines tasks and responsibilities that prepare AFSOC HCPs and IDMTs to properly execute their deployed mission. HCP are defined as physicians, physician assistants (PAs), nurse practitioners (NPs), and certified registered nurse anesthetists (CRNAs). Credentialing, privileging, and quality assurance for in-garrison care remains the responsibility of the host Medical Treatment Facility (MTF) in accordance with AFI 44-119, *Medical Quality Operations*. This instruction also defines the medically related roles and responsibilities of AFSOC PJs who are primarily rescue specialists, but who provide emergency medical care as paramedics and USSOCOM Advanced Tactical Practitioners.

1.2. Scope of Care Documentation . All HCPs will maintain a current copy of their Interfacility Credentials Transfer Brief (ICTB) in their deployment folders and IDMTs will maintain a copy of their current initial and sustainment training documentation in their 6-part competency assessment folder and via the electronic training record (AFTR). All IDMTs will hand carry these documents while deployed. If deployed to a location with medical facilities (MTF, EMEDS, CASH, etc.), HCPs and IDMTs will provide the medical facility commander with a copy of these documents to allow the IDMT to work within his/her scope of practice. Due to the unique structure and mission of AFSOC aerospace medicine personnel, AFI 48-149, *Squadron Medical Elements*, does not apply. While deployed with special operations forces, AFSOC operational medics assigned to line units (such as OSM, STS, and SOF aviation advisory medical personnel) remain within the special operations chain of command. However, AFSOC medical personnel should comply with co-located medical facility credentialing processes. HCPs and IDMTs will ensure the senior AFSOC physician at the deployed location (usually the AFSOC deployed medical flight commander/element leader) reviews ICTBs and IDMT certification documents. HCPs and IDMTs will practice within their respective scope of care (as documented by ICTB and IDMT certifications) at all times.

1.3. Aeromedical Disposition.

1.3.1. Health Care Providers. All HCPs and IDMTs may place an aircrew member in duties not including flying (DNIF) status or special operational duty personnel in duties not including controlling (DNIC) status.

1.3.2. Flight Surgeons. Only a credentialed US military flight surgeon may determine that aircrew personnel are fit to return to flying status or special operational duty personnel are fit to return to special operational duty (controller duty, parachute duty). A Flight Surgeon or a Diving Medical Officers may return a diver to duty.

1.3.2.1. In contingencies when no US military flight surgeon is present, all other providers or IDMTs must contact a US military flight surgeon for appropriate aeromedical disposition. This contact must be documented in the aviator's or special tactics team member's medical record and subsequently countersigned by the consulted flight surgeon or a home station flight surgeon upon return from deployment.

1.3.2.2. Any USAF or US DOD flight surgeon may be used as an aeromedical consultant. Non-US flight surgeons will not be used as consultants for aeromedical dispositions.

1.3.2.3. In the circumstance that no flight surgeon is present, and there is loss of communication capability that precludes contacting a US military flight surgeon , the non-flight surgeon provider will discuss the aviator's or special tactics team member's medical condition with the deployed line commander for disposition. A flight surgeon will be consulted as soon as communication capability is restored.

1.3.2.4. All AFSOC flight surgeons (not deployed, TDY, in mandatory training, on post-deployment compensation time off, or on leave) must attend the weekly AF Form 1041, *Medical Recommendation for Flying or Special Operational Duty Log*, log waiver review meeting at their host MTF. AFSOC flight surgeons will provide current information and updates on grounded AFSOC personnel and AFSOC waiver status.

1.4. Diving Medicine. Pararescuemen and Combat Controllers are combat swimmers (military divers). AFSOCI 60-101, *AFSOC Diving Program,* governs Special Tactics diving.

1.5. Directed Energy. Suspected or confirmed directed energy (laser) exposure events will be managed and patients will be treated IAW AFSOCI 48-1391, *Laser Radiation Protection Program*.

1.6. Infection Control.

1.6.1. Responsibilities**:**

1.6.1.1. IAW AFI 44-108, *Infection Control Program*, paragraph 1.6., the host Medical Group Commander establishes an Infection Control Committee (ICC) and appoints a medical or dental provider, usually the Chief, Medical Staff (SGH) to chair the ICC. The SGH maintains overall responsibility for the Infection Control Program (ICP). However, for AFSOC medical units assigned to line special operations squadrons or groups, the Operational Support Medical (OSM) flight commander or equivalent medical officer in charge will ensure an ICP is developed and implemented at all locations where OSM medical personnel deliver medical care.

1.6.1.1.1. The senior IDMT assigned to each Special Tactics Squadron will ensure that an appropriate ICP is developed and implemented at all locations where PJs deliver medical care. The 720 STG/SG will provide medical oversight for Special Tactics ICPs.

1.6.1.2. The OSM flight commander designates an ICP NCOIC in writing and provides a copy of this delegation to the supporting MTF SGH. The OSM flight commander also ensures the ICP NCOIC has access to resources required to accomplish all ICP responsibilities.

1.6.1.3. The NCOIC, ICP will:

1.6.1.3.1. Develop a unit-specific ICP that includes infection control measures for in-garrison activities, range coverage (for OSMs that provide range coverage), and deployed operations. The ICP will be submitted to the OSM flight commander for approval and then to the host MTF ICC for coordination. Infection control programs will include guidance regarding work practices (standard precautions, hand washing, etc.); management of sharps, needles, and regulated waste; and use of personal protective equipment (PPE). ICPs will also include procedures to inhibit the transmission of airborne or droplet transmission of infectious agents on AFSOC aircraft during Noncombatant Evacuation Operations and humanitarian relief missions. (Refer to Air Force Occupational Safety and Health Standard (AFOSH) 48-137, *Respiratory Protection Program*, Chapter 5.)

1.6.1.3.2. Review and update program accordingly to reflect new or modified tasks and procedures or available resources.

1.6.1.3.3. Maintain a copy of AFI 44-108, *Infection Control Program*; AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program*, and this instruction.

1.6.1.3.4. Ensure personnel know and comply with infection control policies and procedures.

1.6.1.3.4.1. Conduct initial and annual training for all medical personnel by in-service or information letters. Document training for infection control practices on the AF Form 55, *Employee Safety and Health Record.* (Maintained for enlisted personnel in the member's AF training record and for officers by their supervisor.)

1.6.1.3.5. Evaluate work practices to identify ways of improving personnel practices and protection.

1.6.1.3.6. Report infection control discrepancies and inconsistencies to the OSM flight commander, SGH, and the local MTF ICC.

1.6.2. Infection control surveillance and reporting will be in accordance with DOD and AFI guidance.

1.6.3. Bloodborne pathogen exposure incident management: Following parenteral exposure to blood or body fluids or tissues, immediately wash the affected area with soap and water or appropriate disinfectant solution and seek medical treatment if necessary. (OSHA defines parenteral exposure as piercing mucous membranes or the skin barrier through such events as needle sticks, bites, cuts, and abrasions.) Notify unit ICP NCOIC as soon as possible and initiate AF Form 765, *Incident Report*.

1.6.3.1. The incident must be documented in the medical record, including route of exposure and circumstance of exposure. The incident will be reported to the host MTF Force Health Management (FHM) office for investigation and appropriate follow-up.

1.6.3.2. Every reasonable attempt will be made to identify the source of the blood or body fluid. If possible, obtain appropriate lab tests from the source individual IAW CDC guidelines, OSHA Blood-borne Pathogen Standard, 29 CFR 1910.1030, applicable infection control directives, the laws that apply at the deployed location and Status of Forces Agreements.

1.6.3.3. Follow-up of any exposure incident will be managed by the host MTF FHM office. The exposed individual will be tested for HBV and HIV IAW DOD and AF policy and CDC guidelines. Initial tests may be obtained at deployed locations that have lab capability or at MTFs supporting enroute aerovac operations. However, the host MTF FHM medical consultant or SGP will ensure that appropriate initial and follow-up lab tests results are recorded in the medical record or are ordered if results are not already available.

1.6.4. Exposure to pandemic influenza will be managed IAW AFSOCI 48-102, *Pandemic Influenza Medical Response Plan for Deployed Operations*.

1.7. Use of Controlled Medications. Controlled medications may be used both clinically and operationally by AFSOC forces.

1.7.1. The clinical use of controlled medications while deployed will be IAW DOD policy; AFI 44-102, *Medial Care Management*, Chapter 10; and Public Law.

1.7.2. The operational use of controlled medications will be IAW DOD and AF policy.

1.7.3. Operational Use of Hypnotics ("No Go Pills"): The approval authority and process for the operational use of hypnotics (Temazepam, Zolpidem, and Zaleplon) by Air Crew and Special Duty

Personnel is described in Air Force policy memoranda dated 4 June 2001, 25 Oct 2001, and 20 Mar 2003 (available at AFMS Knowledge Exchange - Aerospace Medicine - No Go Pill Policies or **https://kx.afms.mil/kxweb/dotmil/kjPage.do?cid=CTB_018355&functionalArea**=

AerospaceMedicine). The current Official Air Force Approved Aircrew Medications document should also be reviewed to ensure compliance with current policy. Ground testing must be completed prior to use in accordance with the previously outline messages.

1.7.3.1. HQ AFSOC/SG delegates approval authority for operational use of "No Go Pills" to flight surgeons at the operational unit level. Delegation is granted for aircrew and ground-based crew sleep-aid for specific operations or mission profiles in conjunction with fatigue countermeasure techniques highlighted in CAF Fatigue Counter Measures Program or as outlined below. The senior flight surgeon at the unit level is responsible for implementation of this policy.

1.7.3.2. Hypnotics are authorized at the time of deployment or redeployment to synchronize circadian rhythm in the deploying or redeploying crews. Hypnotics are also authorized to assist deployed individual crewmembers with management of fatigue and circadian rhythm problems. This assistance may be used during the pre- or post- flight mission period. The member is limited verbally to no flying within 12 hours after taking Temazepam (Restoril), 6 hours after taking Zolpidem (Ambien), or 4 hours after taking Zaleplon (Sonata) in accordance with the 29 Aug 07, Official Air Force Aircrew Medications list.

1.7.3.3. . This policy for use of hypnotic medication also applies to AFSOC Pararescuemen, Combat Controllers, and Combat Weathermen. The use of hypnotics is authorized prior to, or after, the completion of the following ground operations: terminal control, reconnaissance, and recovery operations in austere environments. The member is verbally limited to no controlling or special operational duty within the same time limits that apply for flying.

1.7.4. Operational Use of Fatigue Management Medication ("Go Pills"): The approval authority and process for the operational use of fatigue management medication by Air Crew and Special Operational Duty Personnel is described in the Air Force policy memoranda dated 31 Aug 06 (available at **https://kx.afms.mil/kxweb/dotmil/file/web/ctb_054109.pdf**). Only AFSOC Special Tactics Teams (Pararescuemen, Combat Controllers, and Combat Weathermen) are authorized to use Modafinil as a "Go Pill" during ground operations requiring extended wakefulness after all other fatigue countermeasures have been implemented. Written approval must be obtained from the wing commander and senior flight surgeon (or deployed equivalents). Prior ground testing, counseling, and informed consent must all be accomplished and documented prior to dispensing Modafinil, and operational use will be appropriately documented and reported. The aforementioned policy memorandum explicitly outlines the process for use of Modafinil. All required forms are attached to the 31 Aug 06, Policy Memorandum. **Note:** Dexedrine is not authorized for Special Tactics personnel. No other AFSOC aircrew or special operational duty personnel are authorized use of Modafinil or Dexedrine "Go Pills".

1.8. Quality Assurance . The senior AFSOC physician assigned to each line unit is responsible for that unit's Quality Assurance program. The senior deployed AFSOC physician is responsible for medical quality assurance during deployments. Quality Assurance will include chart reviews of 5% of patient encounters for HCPs and IDMTs or 10 charts which ever is greater (if less than 10 patient encounters occur per month during the deployment, then 100% chart review is required). Physician chart peer reviews will be accomplished by board eligible/certified AFSOC physicians who are credentialed in the same DAFSC as the peer reviewed physician. Physician assistant quality assurance

reviews will be completed by their preceptors, IDMT quality assurance will be completed IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program*.

1.8.1. Quality assurance review must be accomplished within 30 days of provision of care. If for operational reasons, quality review can not be completed within 30 days, send request for waiver to HQ AFSOC/SGO and SGP via SIPR or STE.

1.8.2. After return from deployment, a copy of all documentation of chart reviews (Attachment 2) will be forwarded to HQ AFSOC/SGO for physicians or HQ AFSOC/SGOT (Command IDMT Manager). Copies of documentation of chart reviews will also be forwarded to the host MTF for continued credentialing/privileging actions.

1.8.3. HQ AFSOC/SGO (Chief of Operational Medicine) will maintain a copy of all documentation of deployed HCP chart reviews for two years for quality assurance purposes.

1.8.4. HQ AFSOC/SGOT (Command IDMT Manager) will maintain a copy of all documentation of deployed IDMT chart reviews for two years for quality assurance purposes.

1.8.4.1. The Command IDMT Manager will maintain or have visibility via the electronic training record of all initial and annual certification/sustainment training for all AFSOC IDMTs.

1.9. Reporting . All operational medical units (OSM flights, aviation advisory medical elements and STS medical elements) will complete medical mission reports and lessons learned reports which will be forwarded following mission completion through their operational chain of command to HQ AFSOC/SG via SIPRNET to the HQ AFSOC/SGX SIPR address: (AFSOC.SGX@hqafsoc.hurlburt.af.smil.mil).

1.9.1. All operational AFSOC medical units will submit a weekly status report from their station through their operational chain of command to HQ AFSOC/SGX via SIPRNET to AFSOC.SGX@hqafsoc.hurlburt.af.smil.mil. This report is essential for required weekly HQ AFSOC/SG reports to AF/SG.

1.9.2. All operational AFSOC medical units will complete Medical Report for Emergencies, Disasters and Contingencies (MEDRED-C) reports each time AFSOC medical UTCs receive an alert order, are deployed, and are employed. MEDRED-C reports will be completed IAW AFI 10-206, *Operational Reporting*, and AFI 41-106, *Unit Level Management of Medical Readiness Programs*. Action address for MEDRED-C reports will be HQ AFSOC SDO (SC). Information Addressees will include: AFCAT SG.

1.9.2.1. HQ AFSOC/SG or SGX will be contacted by secure system to request waiver from MEDRED-C reporting if OPSEC or other security considerations may preclude transmission of MEDRED-C reports for a specific mission.

1.9.3. All operational AFSOC medical units, when deployed, will submit daily status report to their deployed commander for the commander's daily OPREP.

1.9.4. All operational AFSOC medical units will complete quarterly (Jan - Mar, Apr - June, July - Sep, and Oct - Dec) executive summary describing unit deployments and activities. Forward quarterly reports, NLT 15 days following the last day of the quarter, to HQ AFSOC/SG, via SIPRNET, to AFSOC.SGX@hqafsoc.hurlburt.af.smil.mil.

1.9.5. OSMs will forward their planned deployment schedule for the subsequent quarter to HQ AFSOC/SGX, via SIPRNET, to AFSOC.SGX@hqafsoc.hurlburt.af.smil.mil, NLT 30 days prior to the beginning of the quarter.

Chapter 2

GENERAL MEDICINE

2.1. Immunizations. All AFSOC personnel are personally responsible for maintaining current immunizations. This guidance, along with AFJI 48-110, *Immunizations and Chemoprophylaxis*, provides implementation instructions for immunization requirements. Additional immunization and chemoprophylaxis requirements may be recommended by the Joint Preventive Medicine Policy Group or may be required by Theater Combatant Commanders (COCOM). AFSOC Medical Units will track immunization requirements for assigned personnel and will notify commanders when members are non compliant.

2.1.1. Standard Immunizations. Immunizations provided to AFSOC personnel will fulfill standard DOD and Air Force immunization requirements for world wide deployment, as well as directives issued by relevant COCOMs (i.e. USSOCOM, CENTCOM, PACOM, EUCOM, AFRICOM) DOD, Service, and COCOM vaccine policies can be found on the MILVAX web site Quick References Section (**http://www.vaccines.mil/default.aspx?cnt=resource/**

quickReferenceChartHome)

2.1.2. Additional immunizations for specific AFSOC personnel:

2.1.2.1. Japanese Encephalitis Vaccine (JEV): All AFSOC personnel based within or deploying to the PACOM theater require initial JEV series and then booster immunization every 3 years. The initial series should be administered to forces deploying in austere rural environments where JEV is endemic, or when required by PACOM for specified exercises or operations. The JEV series will be administered according to current guidance and policy letters, and appropriate grounding recommendations will be implemented for personnel on flight or special operational duty status. In instances of short notice deployments, waivers for aircrew member grounding may be granted by HQ AFSOC/SGP or SGPA.

2.1.2.2. Hepatitis B Vaccine: All operational medical personnel, all special tactics personnel, all fire department personnel, all Security Forces, services personnel with mortuary duties, EOD (search and recovery team), and others identified to be at risk by the AFSOC/SG require Hepatitis B vaccination.

2.1.2.2.1. For Hepatitis B immunization and screening purposes, all OSM Special Operations Surgical Team (SOST) personnel will be considered *Exposure-Prone.* All other OSM HCPs and IDMTs and all AFSOC PJs will be considered *High-Risk.* (Refer to 11 Sep 03, AF SG Policy Letter #03-004 available at **http://www.vaccines.mil/documents/733hepBpolicy.pdf**)

2.1.2.3. Rabies Vaccine: Security forces K-9 officers and all Special Tactics Personnel require initial rabies vaccine series. AFSOC MDG SGPs will consider other security forces and other personnel, as risk dictates. (AFSOC OSM flight surgeons will coordinate with host MDG SGPs for OSMs stationed at other MAJCOM bases.) Additionally, AFSOC MDG SGPs and OSM flight surgeons should coordinate with security forces and special tactics commanders to identify personnel that must receive periodic rabies immunization boosters. The decision to maintain personnel on rabies vaccination should be based on the potential for personnel to be exposed to rabid animals during deployment without the likely, expedient availability of rabies post exposure treatment.

2.1.2.4. Typhoid fever immunizations: All special tactics require typhoid fever initial immunization and periodic booster immunization. Other AFSOC personnel who are on alert to rapidly deploy to areas where typhoid is endemic should be immunized. Additionally personnel selected to deploy to areas where there is a recognized risk of exposure to typhoid should be immunized. During the predeployment process, AFSOC Public Health Officers, Force Health Management personnel and Flight Surgeons should refer to AFMIC and other travel medicine sources including CDC to determine the risk of typhoid exposure.

2.1.2.5. Yellow Fever immunizations: All special tactics personnel require yellow fever initial immunization and periodic booster immunization. Other AFSOC personnel who are on alert to rapidly deploy to areas where yellow fever is endemic should be immunized. Additionally personnel selected to deploy to areas where there is a recognized risk of exposure to yellow fever should be immunized. During the predeployment process, AFSOC Public Health Officers, Force Health Management personnel and Flight Surgeons should refer to AFMIC and other travel medicine sources including CDC to determine the risk of yellow fever exposure.

2.1.2.6. Anthrax immunizations will be provided to AFSOC personnel according to current DOD and AF guidance (**http://www.anthrax.osd.mil**).

2.1.2.7. Vaccinia immunizations against smallpox will be provided to AFSOC personnel according to current DOD and AF guidance (**http://www.smallpox.army.mil**).

2.1.2.8. Other additional immunizations may be provided to specific AFSOC personnel based on mission related risk assessment at the request of unit commanders. These requests will be coordinated with AFSOC/SG before the additional immunizations are provided.

2.1.3. Health care providers shall record serious adverse events in the medical record and shall report serious adverse reaction to the Adverse Events Reporting System of the Department of Health and Human Services using the FDA MEDWATCH or Vaccine Adverse Events Reporting System procedures and forms.

Chapter 3

FORCE HEALTH AND AIRCREW MANAGEMENT

3.1. Aircrew Physical Standards. Physical standards are designed to ensure acquisition and retention of members who are medically acceptable for military duty and capable of performing the requirements of their Air Force specialty. When making aeromedical dispositions, AFSOC flight surgeons must refer to AFI 48-123, *Medical Examinations and Standards*, AF and AFSOC policy letters, and the USAF Aerospace Medicine Waiver Guide published by the Aeromedical Consultation Service AFMS Knowledge Exchange - Waiver Guide (**https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=WaiverGuide**). AETC policy letters may have to be consulted for personnel applying for training programs. Flight surgeons must refer to these references as they assist special operations personnel who require certification of examinations or who require waivers.

3.1.1. All initial flying special operational duty and accession physical examinations must be entered into the Physical Examination Processing Program (PEPP). Certification authority for initial exams is designated in AFI 48-123, Vol. 4, *Medical Examinations and Standards, Volume 4 – Special Standards and Requirements*, Table A2.1.

3.1.1.1. Delegation of Certification Authority. HQ AFSOC/SG Certification Authority for initial Flying Class III (FC III) examinations without disqualifying defects is delegated to each AFSOC Aerospace Medicine Specialist (RAM). For AFSOC personnel assigned at locations without an AFSOC RAM, or in the absence of the AFSOC RAM, the authority is delegated to HQ AFSOC/SGP and SGPA. Further delegation of this authority is not authorized.

3.1.1.1.1. This certification authority may be applied to AFSOC personnel only. All other applicant physical examinations will be forwarded for appropriate MAJCOM certification authority IAW AFI 48-123V4.

3.1.1.2. Certification and waiver authority for Flying Class III examinations for prospective Remotely Piloted Aircraft (RPA)/MP-UAV and Sensor Operator personnel is as designated in AFI 48-123V4. (HQ AFSOC/SGPA is the certification and waiver authority for AFSOC personnel, with exception to trained FC II personnel requiring categorical (FC IIA RPA Duty) waiver, in which case AFMOA/SGPA is the authority.)

3.1.1.3. Delegation of Disqualification Authority. Disqualification authority for initial FC III examinations that are discontinued due to a clearly disqualifying condition is delegated to each AFSOC Aerospace Medicine Specialist (RAM). For AFSOC personnel assigned at locations without an AFSOC RAM, or in the absence of an AFSOC RAM, the authority is delegated to HQ AFSOC/SGP and SGPA. Further delegation of this authority is not authorized. HQ AETC/SGPS serves as the appellate authority should a disqualification decision be disputed.

3.1.1.3.1. All locally disqualified initial FC III physical examinations will be entered into PEPP. Additionally, per AFI 48-123, Vol. 3, *Medical Examinations and Standards, Volume 3- Flying, and Special Operational Duty*, Paragraph 1.3.2.3.4.2., a brief disqualification summary will be entered into AIMWTS and will be forwarded electronically to HQ AFSOC/SGPA.

3.1.1.4. All initial FC III physical examinations for Combat Control and Pararescue applicants must be forwarded to HQ AETC/SGPS IAW AFI 48-123V3 even if no disqualifying defects are found. (AFI 48-123V3, Para A5.4.1.)

3.1.2. Waiver requests for personnel currently on flying status or special operational duty must be entered into the Aeromedical Information Management Waiver tracking System (AIMWTS).

3.1.2.1. Delegation of Waiver Authority. HQ AFSOC/SG may delegate waiver authority for specific conditions to an AFSOC RAM by name. Delegation of waiver authority will be considered after a request for such authority has been forwarded to HQ AFSOC/SGP in writing. Further delegation of this authority is not authorized.

3.1.2.2. When a waiver is granted at base level, the local waiver authority will ensure proper documentation and disposition, i.e. diagnosis and/or treatment, restrictions, and expiration date are entered into AIMWTS.

3.1.2.3. An AF Form 1042, *Recommendation for Flying or Special Operation Duty*, will be accomplished, recording waiver authority and expiration date in the "Remarks" section of the form. (Diagnosis and treatment information should not be recorded on the AF Form 1042.)

3.1.3. Aeromedical Consultation Service (ACS). All ACS evaluation requests must be submitted through AIMWTS to HQ AFSOC/SGPA for review and subsequent forwarding to the ACS.

3.2. Diving Medicine Standards. Physical exams and standards for military diving are governed by AFI 48-123V3.

3.2.1. Diving duty physical exams may be performed by Medical Officer graduates of the Dive Medical Officer Course or the Recognition and Treatment of Diving Casualties Course taught at the Navy Dive and Salvage Training Center. For Air Force diving personnel, a diving physical exam may be performed by any rated USAF Flight Surgeon.

3.2.2. Dive physical exams will be performed a minimum of every 5 years, IAW NAVSEA 0994-LP-001-9010/20, US Navy Diving Manual.

3.2.3. Waiver authority for medical qualification for diving duty for AFSOC personnel is the HQ AFSOC/SG.

3.3. Deployment Health.

3.3.1. Unit commanders are responsible for ensuring all deployment health requirements are met.

3.3.1.1. . AFSOC MTFs are responsible for implementing all necessary medical procedures to meet DOD, COCOM and AF policies and Public Law related to deployment health and surveillance.

3.3.1.2. Operational medical units at bases supported by non-AFSOC MTFs are responsible for coordination of deployment health activities with the supporting MTF.

3.3.2. Deployment Health Requirements. DOD requirements for deployment health surveillance are published in DODI 6490.03, *Deployment Health* (11 August 2006). The DODI can be accessed at: **http://fhp.osd.mil/pdfs/649003p.pdf**. Current DOD and AF health surveillance requirements can be accessed at: **http://www.pdhealth.mil/dcs/default.asp**. AF requirements can also be found at:**https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=OperationalMedicine**.

Combatant commanders publish additional requirements. Current CENTCOM requirements can be accessed at: https://wwwmil.centaf.af.mil/deployment/

3.3.2.1. DODI 6490.03 directs deployment health surveillance for OCONUS deployments greater than 30 days at locations with non-fixed U.S. MTFs (see Table E4.T2.). For OCONUS deployments of 30 days or less, OCONUS deployments at locations with fixed U.S. MTFs, and CONUS deployments, deployment health activities are based on the health threats identified during the deployment, the health risk assessment, and the decisions of the COCOM commander, Service component commander, or commander exercising operational control.

3.3.3. Compliance**.** AFSOC MDG Public Health will track compliance with all deployment health surveillance requirements for deployers. The medical element assigned to AFSOC line units stationed at non-AFSOC bases will coordinate with the host base MTF, will actively track compliance with deployment surveillance requirements for all AFSOC personnel stationed at that base, and will provide AFSOC commanders with status reports.

3.3.4. AFSOC MTF Public Health flights will compare their deployment logs of personnel who have completed pre- and post-deployment health assessments with a roster of redeployed personnel obtained from the Military Personnel Flight monthly to ensure that all required post-deployment surveillance is completed appropriately.

3.4. Pre-Deployment Health Requirements. Current DOD and AF predeployment surveillance requirements can be accessed at: **http://www.pdhealth.mil/dcs/pre_deploy.asp**.

3.4.1. AFSOC unit commanders are responsible for identifying to the Personnel Readiness Unit all deploying personnel prior to deployment PRU will provide the roster of deploying personnel to the MTF.

3.5. Health Surveillance Requirements at Deployed Locations. Current DOD and AF deployment surveillance requirements can be accessed at: **http://www.pdhealth.mil/dcs**/ default.asp. The senior deployed Flight Surgeon or IDMT will establish processes to ensure that DOD, AF and COCOM health surveillance requirements are fulfilled.

3.5.1. In-process personnel at deployed site to accomplish the following tasks:

3.5.1.1. For deployments greater than 30 days, collect DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*, which will be used as the deployed medical record. Otherwise deployed medical care will be documented on SF 600, *Health Record-Chronological Record of Medical Care (DD Form 2005, Privacy Act Statement Serves).*

3.5.1.2. If Pre-deployment Health Assessments are required for the deployment, check for completion of DD Form 2795, *Pre-Deployment Health Assessment Questionnaire*. If not completed at home station, accomplish the DD Form 2795 at the deployed location per DOD and AF policy (**http://www.pdhealth.mil/dcs/pre_deploy.asp**).

3.5.1.3. Enter personnel into any deployed automated tracking (Air Force Complete Immunization Tracking Application (AFCITA), etc) in use (this may be done via a download from the Personnel Support of Contingency Operations (PERSCO) database).

3.6. Requirements for Redeploying Personnel from Theater to Home Station: Current DOD and AF redeployment health surveillance requirements can be accessed at: **http://www.pdhealth.mil/dcs/redeploy.asp**.

3.6.1. If required by DOD, AF or COCOM for the deployment, ensure personnel complete DD Form 2796, *Post-Deployment Health Assessment*. The post-deployment health assessment must be completed via a face-to-face encounter with a provider (physician, nurse practitioner, physician assistant, or IDMT).

3.7. Requirements for Post-Deployment Processing at Home Station. Current DOD and AF post-deployment surveillance requirements can be accessed at: **http://www.pdhealth.mil**/dcs/postdeploy.asp. The MDG Public Health Force Health Management element for active duty members, or the supporting ARC medical unit for ARC personnel, will ensure post-deployment medical processing and surveillance are accomplished as Directed by DOD and Air Force policy.

Chapter 4

MEDICAL TRAINING

4.1. Medical Training. All operational AFSOC medical personnel are expected to provide and/ or enable the best possible aeromedical (encompassing all aspects of team aerospace programs) and trauma care to SOF warriors in some of the most austere and remote tactical environments. The most critical mission essential task of all AFSOC medics is the skilled, practiced and proficient delivery of aeromedical and trauma care. It is a critical Special Operations Support Squadron, Special Tactics Squadron and aviation advisory squadron leadership task (as well as OSM leadership task) to ensure that every OSM, special tactics, and aviation advisory medic's exposure to patient care opportunities or AFSC specific duties is maximized, and to foster a unit culture that recognizes that maintenance of practiced medical skills is critical to mission readiness and effectiveness.

4.2. Administration of Medical Training.

4.2.1. Formal Training. HQ AFSOC/SGOT oversees all medical training for all AFSOC medical personnel.

4.2.2. Medical Training Manager Appointment. All AFSOC units with medical personnel assigned will have a primary and alternate Medical Training Manager (MTM) appointed by the unit commander in writing. The appointed MTM will be the POC for all formal medical training.

4.2.2.1. A unit MTM appointment letter will be forwarded to HQ AFSOC/SGOT. The appointment letter must include; Name, Rank, DSN, Commercial phone, Work Email, and Functional Office Email for both the primary and alternate MTM.

4.2.3. Formal Training Projection:

4.2.3.1. HQ AFSOC/SGOT will send a training spreadsheet to all AFSOC MTMs requesting input for all training course requirements for officer, enlisted and civilian personnel for the next FY. Suspense for unit requirements submission to HQ AFSOC/SGOT will be 30 days from spreadsheet distribution.

4.2.3.2. Unit MTMs will obtain requirements for the next FY by requesting this data from all appropriate unit sections, ensuring all AFSCs are appropriately represented. The training requirements will then be forwarded by the unit MTM to HQ AFSOC/SGOT.

4.2.3.3. Training quotas will be subsequently allocated by AETC, AFMC, and AFMESA to AFSOC. HQ AFSOC/SGOT will notify unit MTMs of the training quotas available for their unit.

4.2.3.4. The unit MTM will submit to HQ AFSOC/SGOT the full name, grade and SSN of the individuals selected for the allocated quotas. Type 5 training courses (identified by a 5 in the second digit of the course number) require the addition of security clearance, unit mailing address, duty title and DSN.

4.2.3.5. Out-of-cycle training requirements may be requested when quotas were not projected; additional quotas may also be requested. Unit MTMs will submit requests for out-of-cycle quotas by letter, e-mail, or fax to HQ AFSOC/SGOT. These requests must include the course title, course number and the individual's information as described in paragraph 4.2.3.4.

4.2.4. The unit MTM will submit to HQ AFSOC/SGOT the full name, grade, SSN and RNLTD of individuals selected for assignment to operational medical units to permit scheduling of required training, which will be completed enroute to AFSOC units whenever possible.

4.2.5. Special Operations Combat Medic Skills Sustainment Course (SOCMSSC).

4.2.5.1. SOCMSSC satisfies all SOCOM SOF medical sustainment training and NREMT-P recertification for AFSOC PJs and IDMTs. The course also provides ATP recertification for PJs.

4.2.5.2. All AFSOC PJs must attend SOCMSSC.

4.2.5.3. All AFSOC IDMT / Paramedics will attend SOCMSSC if seats are available. HQ AFSOC/SGOT will coordinate sustainment training for AFSOC IDMT/Paramedics if SOCMSSC seats are not available.

4.2.5.4. Requests to attend SOCMSSC may be made by unit MTMs up to 1 year before course start date and must be submitted by unit MTMs no later then 45 days before course start date. HQ AFSOC/ SGOT will schedule PJs and IDMTs into the Army Training Requirements and Resources System (ATRRS).

4.2.5.5. Additions or deletions to the projected SOCMSSC schedule must be coordinated through HQ AFSOC/SGOT. MTMs, IDMTs, and PJs are not authorized to coordinate additions, deletions, or name changes directly with SOCMMC.

4.2.6. Required medical training for operational medical personnel (excluding PJs) will be certified and reported within MRDSS.

4.3. Medical Training Requirements.

4.3.1. All credentialed providers assigned to line units must complete all medical training required to maintain current credentialing by their host MTF.

4.3.2. AFMS Readiness Skills Verification Program (RSVP) Currency/Proficiency. All deployable AFSOC medical personnel must complete all training required to be current in their AFSC Readiness Verification Skills.

4.3.2.1. Deployable AFSOC Medical personnel who are not current in RSVP requirements will require HQ AFSOC/SGO or SGP waiver to be considered deployable.

4.3.3. Due to the unique limitations present in the deployed SOF operational environment, members of Special Operations Force Medical Elements, Special Operations Surgical Teams, and Special Operations Critical Care Evacuation Teams are expected to maintain clinical skills at a level that allows for care of critical patients without robust medical support nearby. AFSOC medical personnel assigned to line units must also maintain other clinical skills to provide appropriate medical care for SOF at isolated locations. To be certified as mission ready, operational medics must complete the clinical exposure requirements listed in the following tables, as well as AFSC specific requirements. The senior OSM or aviation advisory unit medical officer will be responsible for developing training plans to meet clinical exposure requirements and thus ensure proficiency in appropriate medical skills

4.3.3.1. MISSION QUALIFICATION TRAINING. This section establishes the minimum medical training requirements established by HQ AFSOC/SG to attain mission qualification. AFSOC operational medical personnel must complete these minimum medical training requirements before their initial deployment.

Table 4.1. SOFME Mission Qualification Clinical Medical Requirements.

Requirement	FS	IDMT	PA
Core Mission Events			
Flt Med Clinic active duty patient exams	75	15	50
Annual flight physical examinations	3	0	0
Paraprofessional flight physical exams	0	3	3
AF Form 1041 review meetings	3	3	3
Aircrew waiver package completion	1	0	0
Aircrew waiver package review	0	1	1
Occupational health shop visits	3	3	3
Public Health sanitation inspections	3	3	3
Aeromedical Council meetings	1	1	1
Eye Examinations	3	3	3

Notes:

1. Personnel with no prior assignments as a FS, IDMT or PA (such as those who just completed AMP, IDMT or PA training programs) must complete 100% of Mission Qualification Clinical Medical Requirements after arrival at their AFSOC unit.

2. Personnel transferring from FS, IDMT or PA assignments may fulfill Mission Qualification Requirements using documented events completed during the last 6 months of their prior assignment.

3. Clinical patient exam requirement must be fulfilled by examination of flyers or special duty personnel in a flight medicine clinic.

4. Eye examinations to be completed with ophthalmologist or optometrist guidance. Eye examinations must include all exam components described in AFSOCI 48-1391, *Laser Radiation Protection Program*.

Table 4.2. SOST Mission Qualification Clinical Medical Requirements.

Requirement	44E3 EM MD	45B3 Ortho	45S3 Gen Surg	46M3 CRNA	4N171 OR Tech
Core Mission Events					
Outpatient encounters	275	100	100	x	x
Surgical Cases	x	20	20	50	30
Damage control abdominal surgeries	x	2	2	2	2
Thoracic Surgeries	x	1	1	1	1
Intubations	10	x	x	25	x

Notes:

1. Personnel with no prior assignments in their AFSC (such as those who just completed residency training programs) must complete 100% of Mission Qualification Clinical Medical Requirements after arrival at their AFSOC unit.

2. Personnel transferring from other clinical assignments may fulfill Mission Qualification Requirements using documented events completed during the last 6 months of their prior assignment.

3. Damage control and thoracic surgical procedures may utilize Live Tissue models.

Table 4.3. SOCCET Mission Qualification Clinical Medical Requirements.

Requirement	44E3/45A3 EM MD	45A3 Anest	46N3 CCRN	4H0X1 CP Tech
Core Mission Events				
Outpatient Encounters	275	x	x	x
Surgical Cases	x	50	x	x
Patient Contact Hours	x	x	160	160
Intubations	10	25	x	x

Notes:

1. Personnel with no prior assignments in their AFSC (such as those who just completed residency training programs) must complete 100% of Mission Qualification Clinical Medical Requirements after arrival at their AFSOC unit.

2. Personnel transferring from other clinical assignments may fulfill Mission Qualification Requirements using documented events completed during the last 6 months of their prior assignment.

4.3.3.1.1. AFSOC medical personnel assigned to line units who are not mission qualified (because of incomplete medical training requirements) require HQ AFSOC/SG waiver to deploy. Training waivers should be in letter format and contain: Paragraph number, requirement; reason for inability to comply with requirement; if waiver is a follow-on to a previous waiver, explain why another waiver is required; description of the plan to attain compliance; and approximate date of expected compliance (see Attachment 4 for format). All waiver requests will be returned, through channels, to the requesting unit. Once approved, waivers will remain valid until the expected compliance date or 90 days from their approval date, whichever occurs first.

4.3.3.1.2. HQ AFSOC/SG delegates waiver authority for SOFME mission qualified clinical medical requirements to HQ AFSOC/SGP and for SOST and SOCCET mission ready clinical medical requirements to HQ AFSOC/SGO.

4.3.3.1.3. Unit commanders may request waivers for mission qualified clinical medical requirements through HQ AFSOC/SGP or HQ AFSOC/SGO if qualification training requirements cannot be fulfilled due to current operational constraints.

4.3.3.2. Continuation Training. Requirements in this section satisfy the minimum medical training requirements established by HQ AFSOC SG to maintain currency for operational medical personnel. These personnel must fulfill continuation training requirements to maintain mission qualification status. Personnel must maintain mission qualification status to deploy.

Table 4.4. SOFME Mission Qualification Clinical Medical Requirements.

Requirement	Frequency	FS	IDMT	PA
Core Mission Events				
Flt Med Clinic patient examinations	SA	150	10	100
Other Acute Care Patient encounters	SA	0	30	50
Annual flight physical examinations	SA	6	0	0
Paraprofessional flight physical exams	SA	0	2	2
AF Form 1041 review meetings	SA	6	6	6
Aircrew waiver package completion	SA	1	0	0
Aircrew waiver package review	SA	0	1	1

Occupational Health shop visits	SA	3	2	2
Public Health sanitation inspections	SA	3	2	2
Aeromedical Council meetings	SA	1	1	1
Air Traffic Control Tower visits	A	1	1	1
Eye Examinations	A	2	2	2
Occupational Health Working Group meetings	A	1	1	1

Notes:

1. Non-Currency in any event results in loss of mission qualification status.

2. Appropriately documented events completed at deployed locations may fulfill continuation training requirements.

3. Semiannual (SA) requirements are events required at intervals of 6 months, January-June and July-December.

5. Annual (A) requirements must be accomplished during the January-December period.

6. Eye examinations to be completed with ophthalmologist or optometrist guidance. Eye examinations must include all exam components described in AFSOCI 48-1391, *Laser Radiation Protection Program*.

Table 4.5. SOST Mission Ready Clinical Medical Requirements.

Requirement	Frequency	44E3 EM MD	45B3 Ortho	45S3 Gen Surg	46M3 CRNA	4N171 OR Tech
Core Mission Events						
Outpatient encounters	SA	350	300	300	x	x
Surgical Cases	SA	x	30	30	60	60
Intubations	SA	10	x	x	30	x
Damage control abdominal surgeries	A	x	2	2	2	2
Thoracic Surgeries	A	x	2	2	2	2

Notes:

1. Non-Currency in any event results in loss of mission qualification status.

2. Appropriately documented events completed at deployed locations may fulfill continuation training requirements.

3. Damage control and thoracic surgical procedures may utilize Live Tissue models.

4. Semiannual requirements are events required at intervals of 6 months, January-June and July-December.

6. Annual requirements must be accomplished during the January-December period.

Table 4.6. SOCCET Mission Ready Clinical Medical Requirements.

Requirement	Frequency	44E3/45A3	45A3	46N3	4H0X1

		EM MD	Anest	CCRN	CP Tech
Core Mission Events					
Outpatient Encounters	SA	375	x	x	x
Surgical Cases	SA	x	60	x	x
Patient Contact Hours	SA	x	x	200	200
Intubations	SA	10	30	x	x

Notes:

1. Non-Currency in any event results in loss of mission qualification status.

2. Appropriately documented events completed at deployed locations may fulfill continuation training requirements.

3. Semiannual requirements are events required at intervals of 6 months, January-June and July-December.

4.3.3.2.1. AFSOC medical personnel assigned to line units who are not mission ready (because of incomplete medical training requirements) require HQ AFSOC/SG waiver to deploy. Training waivers should be in letter format and contain: Paragraph number, requirement; reason for inability to comply with requirement; if waiver is a follow-on to a previous waiver, explain why another waiver is required; description of the plan to attain compliance; and approximate date of expected compliance (see Attachment 4 for format). All waiver requests will be returned, through channels, to the requesting unit. Once approved, waivers will remain valid until the expected compliance date or 180 days from their approval date, which ever occurs first.

4.3.3.2.2. HQ AFSOC/SG delegates waiver authority for SOFME mission ready clinical medical requirements to HQ AFSOC/SGP and for SOST and SOCCET mission ready clinical medical requirements to HQ AFSOC/SGO.

4.3.3.2.3. Unit commanders may request waivers for mission ready clinical medical requirements through HQ AFSOC/SGP or HQ AFSOC/SGO if continuation training requirements can not be fulfilled due to current operational constraints.

4.3.3.3. All operational medical units (OSM flights, aviation advisory medical elements and STS medical elements) will report all medical personnel who are not mission qualified or mission ready (because of incomplete clinical medical requirements) in each quarterly report to the HQ AFSOC/SG.

4.4. Independent Duty Medical Technician Training.

4.4.1. All AFSOC IDMTs will comply with training and recertification requirements as defined by AFI 44-103, *The Air Force Independent Duty Medical Technician Program.*

4.4.2. Additionally, all AFSOC IDMTs assigned to line units must complete training IAW 4N0X1X CFETP SEI 455 (Special Operations Command Medic) and requirements of this instruction which lists AFSOC specific IDMT training.

4.4.3. All AFSOC IDMTs assigned to line units must complete the Flight Medicine Management Workshop at USAFSAM within 1 year of assignment to AFSOC unless previously completed.

4.5. Physician Assistant Training.

4.5.1. All AFSOC Physician Assistants will comply with training and recertification requirements as defined by AFI 44-102, *Medical Care Management*.

4.5.2. Additionally, all AFSOC PAs assigned to line units must complete the following training to be prepared to provide appropriate medical care for SOF at austere locations.

Table 4.7. Additional AFSOC PA Training Requirements.

Subject Area	Requirement
Clinical Currency	(See 20.1, 20.2,20.3)
Dental Rotation	8 hrs at dental clinic every 6 months
Deployed Infection Control	Satisfy unit requirements

4.5.2.1. Following completion of Physician Assistant medical training related to providing care for SOF at austere locations, AFSOC PAs will coordinate with the host Medical Group's SGH to update the PA's privilege list to document the appropriate scope of practice to fulfill AFI 44-119 requirements.

4.6. UTC Specific Training Tables: Tables 4.9. through 4.19., outline AFSOC's required training for personnel assigned to specific AFSOC medical UTCs. Additional mission specific training requirements will be determined by local AFSOC commanders. The status of all required training will be updated monthly using MRDSS-ULTRA. HQ AFSOC/SGO or SGP are the waiver authorities for all required training.

4.6.1. REQ Codes for Tables 4.9. – 4.19.

Table 4.8. REQ Codes for Tables 4.9. – 4.19.

S	SORTS reportable (required for deployment unless waived by AFSOC/SGO or SGP
1	Required within 1 year of assignment to the unit (after 1 year of assignment becomes SORTS reportable
R	Recommended training

Table 4.9. AFSOC Training for Medical UTC FFQEK.

UTC/FFQEK			SOF Medical Element
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	All	S	(See Para 4.3.1., 4.3.2., 4.3.3.)
NREMT-Paramedic	4N0X1C	S	Obtain/maintain national currency (See Para 4.6.2.1.)
AMP course	48XX	S	Initial AF training
ATLS	48XX, 42G	S R	Obtain/maintain national currency (42XX audit)
Trauma Skills Training	All	S	Initial and sustainment (See Para 4.6.2.2)
Trauma CME	All	S	Every 3 years (See Para 4.6.2.2.)

UTC/FFQEK			SOF Medical Element
Course	**AFSC**	**REQ**	**Requirement**
ACLS	All	S	Obtain/maintain national currency
CASEVAC Training/Currency	All	S	Initial, sustainment, and maintain local currency (See Para 4.6.2.3.)
Field Skills Training	All	S	(See Para 4.6.2.4.)
Block Training	All	S	Obtain/maintain local currency
Aircraft Mishap Investigation	48XX 42GX	1 1	Initial AF training
Medical Management Chem/Bio Casualties	48XX 42GX	1	Initial training
ISOC/JSOMOOC /DIT	All	R	
Global Medicine	48XX, 42GX	R	
PHTLS	48XX, 42GX, 4NXX	R	Obtain/maintain national currency
Public Health CONOPS	48XX, 42GX, 4N0X1C	R	Once
Medical Department Diving Officer (US Navy)	48XX	R	Once
SV-80-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-80-B	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-84-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-86-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
Altitude Chamber	All	S	Obtain/maintain currency (AFI 11-403, Para 2.1.1.3.)

Table 4.10. AFSOC Training for Medical UTC FFQE1.

UTC/FFQE1			SOF Medical Command Element
Course	**AFSC**	**REQ**	**Requirement**
Clinical Expertise	48XX	S	AFSC & position appropriate current credentials
JSOU JSOAC Course	All	S	Initial AF training

UTC/FFQE1			SOF Medical Command Element
Course	**AFSC**	**REQ**	**Requirement**
Medical Management of Chemical and Biological Causalities	48XX, 4N0X1C	S	Initial AF training
JSOMOOC	41AX, 4N0X1C	1	Initial AF training
Planners Course	41AX	S	Initial AF training (See Para 4.6.2.7.)
ISOC/JSOMOOC /DIT	All	R	
Global Medicine	48XX	R	
SERE 100	All	S	(See Para 4.6.2.6.)

Table 4.11. AFSOC Training for Medical UTC FFQE2.

UTC/FFQE2			SOF CAA Medical Augmentation
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	All	S	(See Para 4.3.1., 4.3.2., 4.3.3., & 4.4.1.)
Meets CAA SOS deployment requirements for UTC FFQE2	All	S	Per CAA SOS Deployment OI
ISOC/JSOMOOC /DIT	All	R	
Global Medicine	48XX, 44XX	R	
SERE 100	All	S	(See Para 4.6.2.6)

Table 4.12. AFSOC Training Medical for UTC FFQE3.

UTC/FFQE3			Special Ops Surgical Team
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	All	S	(See Para, 4.3.1., 4.3.2., 4.3.3., & 4.6.2.2.)
SOST Training/Currency	All	S	(See Para 4.6.2.5.)
Trauma Skills Training	All	S	Initial and sustainment (See Para 4.6.2.2.)
Trauma CME	All	S	Every 3 years (See Para 4.6.2.2.2.)
ACLS	All	S	Obtain/maintain national currency
ATLS	44XX, 45XX	S	Obtain/maintain national currency
Field Skills Training	All	S	(See Para 4.6.2.4.)

Block Training	All	S	Obtain/maintain local currency
ISOC/JSOMOOC /DIT	All	R	
SV-80-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)

Table 4.13. AFSOC Training for Medical UTC FFQE4.

UTC/FFQE4			Spec Ops Critical Care Evac Team
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	All	S	(See Para 4.3.1., 4.3.2., 4.3.3., 4.6.2.2.)
CASEVAC Training/Currency	All	S	Initial, sustainment, and maintain local currency (See Para 4.6.2.3.)
Trauma Skills Training	All	S	Initial and sustainment (See Para 4.6.2.2.)
Trauma CME	All	S	Every 3 years (See Para 4.6.2.2.2.)
ACLS	All	S	Obtain/maintain national currency
ATLS	44XX	S	Obtain/maintain national currency
NREMT-Basic	4H0X1	R	Obtain/maintain national currency
CCATT	All	S	Initial AF training
Field Skills Training	All	S	(See Para 4.6.2.4.)
Block Training	All	S	Obtain/maintain local currency
ISOC/JSOMOOC /DIT	All	R	
PHTLS	48XX, 4NXX	R R	Obtain/maintain national currency
SV-80-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-80-B	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-84-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-86-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
Altitude Chamber	All	S	Obtain/maintain currency (AFI 11-403, Para 2.1.1.3.)

Table 4.14. AFSOC Training for Medical UTC FFQE5.

UTC/FFQE5			SOF Physiology
Course	**AFSC**	**REQ**	**Requirement**
Physiology Training Currency	All	S	Per AFI 11-403/409, AFSOCI 48-112
Block Training	All	S	Obtain/maintain local currency

Field Skills Training	All	S	(See Para 4.6.2.4.)
ISOC/JSOMOOC /DIT	All	R	
SV-80-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-80-B	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-84-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-86-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
Altitude Chamber	All	S	Obtain/maintain currency (AFI 11-403, Para 2.1.1.3.)

Table 4.15. AFSOC Training for Medical UTC FFQE6.

UTC/FFQE6			**Combat Aviation Advisor Medical**
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	48XX, 42GX, 4N0X1C	S	(See Para 4.3.1, 4.3.2, & 4.3.3.)
Block Training	48XX	S	Obtain/maintain local currency
Meets CAA SOS deployment requirements	All	S	Per CAA SOS Deployment OI
NREMT-Paramedic	4N0X1C	S	Obtain/maintain national currency (See Para 4.6.2.1.)
CASEVAC	48XX, 4N0X1C	R	
Trauma Skills Training	All	R	
ATLS	48XX, 42GX	S R	(Audit Course)
ISOC/JSOMOOC /DIT	All	R	
Global Medicine	48XX, 42GX, 4N0X1C	R	
PHTLS	48XX, 42GX, 4NXX	R	Obtain/maintain national currency
Public Health CONOPS	48XX, 42GX, 4NXXX	1	Once
Aircraft Mishap Investigation	48XX 42GX	1 1	Initial AF training (Audit)
Medical Management of Chemical and Biological Causalities	48XX, 42GX, 4N0X1C	R	Initial AF training

SV-80-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-80-B	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-84-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
SV-86-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)
Altitude Chamber	All	S	Obtain/maintain currency (AFI 11-403, Para 2.1.1.3.)

Table 4.16. AFSOC Training for Medical UTC FFQE7.

UTC/FFQE7			**SOF Psychology**
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	All	S	(See Para 4.3.1., 4.3.2.)
Field Skills Training	All	S	(See Para 4.6.2.4.)
Block Training	All	R	Obtain/maintain local currency
ISOC/JSOMOOC /DIT	All	R	
SV-80-A	All	S	Obtain/maintain currency (See Para 4.6.2.6.)

Table 4.17. AFSOC Training for Medical UTC FFQE8.

UTC/FFQE8			**SOF Medical Augmentation**
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	42GX	S	(See Para 4.3.1., 4.3.2.)
Field Management of Chemical and Biological Casualties	All	S	Initial AF training
Medical Management of Chemical and Biological Causalities	42GX, 48XX, 4N0X1C	S	Initial AF training
Medical Nuclear, Biological, Chemical Course	4B0X1	S	Initial AF training
Field Skills Training	All	S	(See Para 4.6.2.4.)
Planners Course	4A0X1, 41AX	S	Initial AF training (See Para 4.6.2.7.)
Operational Entomology	4E0X1	S	Initial AF training
DOD Hazmat Awareness Certification	All	S	Initial AF training
DOD Hazmat Operations Certification	4B0X1	S	Initial AF training
ACLS	42GX, 4N0X1C	S	Obtain/maintain national currency
Bioenvironmental Engineering	4B0X1	S	Initial AF training

UTC/FFQE8			SOF Medical Augmentation
Course	**AFSC**	**REQ**	**Requirement**
Advanced Measurements Course (BEAM)			
Aircraft Mishap Investigation	48XX	1	Initial AF training
ISOC/JSOMOOC /DIT	All	R	
Global Medicine	48XX, 42GX, 44XX	R	
Public Health CONOPS	48XX, 42GX, 4N0X1C	R	Once
SERE 100 and field training	All	S	(See Para 4.6.2.6.)

Table 4.18. AFSOC Training for Medical UTC FFQE9.

UTC/FFQE9			SOFME Augmentation
Course	**AFSC**	**REQ**	**Requirement**
Clinical Currency	48XX	S	(See Para 4.3.1., 4.3.2.))
ATLS	48XX	S	Obtain/maintain national currency
ACLS	48XX	S	Obtain/maintain national currency
Block Training	48XX	S	Obtain/maintain local currency
Aircraft Mishap Investigation	48XX	1	Initial AF training
ISOC/JSOMOOC /DIT	48XX	R	
Global Medicine	48XX	R	
Public Health CONOPS	48XX, 4N0X1	R	Once
Medical Management of Chemical and Biological Causalities	48XX	R	Initial AF training
SERE 100	4N0X1	S	(See Para 4.6.2.5.)
SV-80-A	48XX	R	Obtain/maintain currency (See Para 4.6.2.6.)
SV-80-B	48XX	R	Obtain/maintain currency (See Para 4.6.2.6.)
SV-84-A	48XX	R	Obtain/maintain currency (See Para 4.6.2.6.)
SV-86-A	48XX	R	Obtain/maintain currency (See Para 4.6.2.6.)
Altitude Chamber	48XX	S	Obtain/maintain currency (AFI 11-403, Para 2.1.1.3.)

Table 4.19. AFSOC Training for 4N0X1Cs assigned to ST Units.

AFSOC Requirements			**STS Medical Support**
Course	**AFSC**	**REQ**	**Requirement**
NREMT-Paramedic	4N0X1C	S	Obtain/maintain national currency (See Para 4.6.2.1.)
Trauma Skills Training	4N0X1C	S	Initial and Sustainment (See Para 4.6.2.2.)
Trauma CME	4N0X1C	S	Every 3 years (See Para 4.6.2.2.2.)
ACLS	4N0X1C	S	Obtain/maintain national currency
CASEVAC Training	4N0X1C	R	Initial training only (See Para 4.6.2.3.)
Field Skills Training	4N0X1C	S	(See Para 4.6.2.4.)
Block Training	4N0X1C	R	Obtain local training prior to deployment
ISOC/JSOMOOC /DIT	4N0X1C	R	
Dive Medical Technician (US Navy)	48XX	R	Once
SV-80-A	All	R	Obtain/maintain currency (See Para 4.6.2.6.)
SV-80-B	All	R	Obtain/maintain currency (See Para 4.6.2.6.)
SV-84-A	All	R	Obtain/maintain currency (See Para 4.6.2.6.)
SV-86-A	All	R	Obtain/maintain currency (See Para 4.6.2.6.)
Altitude Chamber	All	R	Obtain/maintain currency (AFI 11-403, Para 2.1.1.3.)

4.6.2. Approved training platforms:

4.6.2.1. NEMT-P: Initial and refresher (every 2 years) NREMT-P training for 4N0X1C's will be accomplished at AFSOC/SGO approved training platforms. Training platforms will be kept current via HQ AFSOC/SGO policy.

4.6.2.1.1. All eligible Advanced Tactical Practioner (ATP) personnel will attend the Special Operation Medical Skills Sustainment Course at Fort Bragg. Completion of this course currently maintains NREMT-P.

4.6.2.2. Trauma Training: All members of FFQEK, FFQE3 and FFQE4 UTCs must be prepared to provide trauma care in austere environments. It is essential that prior to deployment they are proficient in trauma management. Trauma training requirements fall into two categories: Trauma skills sustainment and trauma related Continuing Medical Education (CME).

4.6.2.2.1. Trauma Skills Sustainment: Team members require regular exposure to the hands on management of human trauma patients in an environment where current best practices in trauma care can be refreshed. At a minimum, individuals require AFSC appropriate

exposure to 20 trauma patients during the prior two years. Methods of acquiring patient experience are:

4.6.2.2.1.1. C-STARS "AFSOC Track" at the Baltimore Trauma Center or a similar military trauma training program. Alternate programs will not require formal waiver as long as they are designed to provide significant exposure to traumatized human patients, are run by a DOD organization, and are greater than 10 days in length. Successful course completion will fulfill the trauma skills sustainment requirement; a patient list will not be required.

4.6.2.2.1.2. Monitored work at another level I or II trauma center. A patient list identifying the number of patients, their injuries and procedures performed must be maintained in the individual's training folder. (Coordination with and approval by HQ AFSOC/SGO must be completed prior to skills sustainment training completed at non C-STARS cites.)

4.6.2.2.1.3. Trauma patients managed in a deployed setting can account for up to 10 of the required 20 trauma patients managed during a two year period. A patient list identifying the number of patients managed while deployed, their injuries and procedures performed must be maintained in the individual's training folder.

4.6.2.2.1.4. Members reporting directly to AFSOC OSM flights from residency and/or internship programs are considered to have current trauma skills within 2 years from the last month they were on a rotation that exposed them routinely to trauma patients (trauma surgery, ER at a trauma center, anesthesia at a trauma center).

4.6.2.2.1.5. IDMTs that have attended Paramedic School are considered to have current trauma skills for 2 years after course completion.

4.6.2.2.2. Trauma Related CME Training: One of the following courses must be accomplished every three years. (The CSTARS "AFSOC Track" routinely includes some of these courses within the training program and should be utilized when possible.)

4.6.2.2.2.1. Operational Emergency Medical Skills (OEMS) – offered in conjunction with C-STARS AFSOC Track

4.6.2.2.2.2. Advanced Trauma Care for Nurses (ATCN) - offered in conjunction with C-STARS AFSOC Track

4.6.2.2.2.3. Combat Casualty Care Course (C4)

4.6.2.2.2.4. War Surgery Course

4.6.2.2.2.5. Joint Forces Combat Trauma Management Course

4.6.2.2.2.6. Special Operations Forces Medical Skills Sustainment Course

4.6.2.2.2.7. Advance Trauma Life Support (ATLS)

4.6.2.2.2.8. Requests to complete other courses to fulfill the Trauma Related CME training requirement must be forwarded to AFSOC/SGO for approval.

4.6.2.3. Casualty Evacuation Training

4.6.2.3.1. Initial training will be accomplished at the AFSOC CASEVAC course at Hurlburt Field. Exception to policy can be granted by HQ AFSOC/SGO if the member was assigned

to an AFSOC UTC before Oct 03, 2006 and the member is evaluated on CASEVAC equipment and procedures at the flight level using the approved CASEVAC checklist.

4.6.2.3.2. CASEVAC currency will be accomplished by completing a minimum of one in-flight CASEVAC mission or one in-flight CASEVAC exercise quarterly (required at intervals of 3 months, January-March, April-June, July-September, and October-December). CASEVAC exercises will be conducted in accordance with SOFME and SOCCET MISCAPs.

4.6.2.3.3. Sustainment CASEVAC training will be accomplished every two years following development of AFSOC Advanced CASEVAC course.

4.6.2.4. Field Skills Training: SOSS, STS, aviation advisory or other operational unit leadership is responsible for providing mission appropriate field skills training to UTC members. Minimal training requirement is:

4.6.2.4.1. Weapons qualification per AF 41-106. Individuals on UTCs who are expected to perform duties "outside the wire" should be provided additional training on the defensive use of firearms (consistent with their Geneva Convention status) in a tactical environment.

4.6.2.5. SOST Training

4.6.2.5.1. Initial SOST training will be accomplished IAW the SOST MISCAP.

4.6.2.5.2. SOST currency will be accomplished by completing a minimum of one SOST mission or one SOST exercise quarterly (required at intervals of 3 months, January-March, April-June, July-September, and October-December).

4.6.2.6. SERE Training

4.6.2.6.1. All AFSOC operational medics will complete AF SERE 100 training except personnel who have completed SV-80A and maintain SV-80A currency.

4.6.2.6.2. Personnel assigned to UTC QE8 are required to complete field training in addition to SERE 100. The field training at a minimum will include land navigation and day/night evasion. This training will be coordinated with SOSS SERE instructors.

4.6.2.6.3. Initial SV-80A (Level "C") , SV-80B, and SV-84A training will be obtained at the AF Survival School, Fairchild AFB. These courses are taught consecutively at the school. SV 86-A will be obtained at the AF Survival School Detachment at NAS Pensacola.

4.6.2.6.4. HQ AFSOC/ SGOT will coordinate all survival school courses for operational medics. Requests to attend courses at the Survival School may be made by unit MTMs up to 1 year before course start date and must be submitted to HQ AFSOC/SGOT by unit MTMs no later then 45 days before course start date.

4.6.2.6.4.1. Additions or deletions to the projected Survival School schedule must be coordinated through HQ AFSOC/SGOT. MTMs and AFSOC operational medics are not authorized to coordinate additions, deletions, or name changes directly with the Air Force Survival School.

4.6.2.6.5. HQ AFSOC/SG is waiver authority for SV-80A (Level "C"), SV-80B, SV-84A and SV86A training for operational AFSOC medics.

4.6.2.6.5.1. Operational medical personnel who have completed AFSOC SERE Level "B" training prior to 30 Sep 08 are granted waiver for SV-80A (Level "C") training.

However, these personnel should obtain Level "C" training if course allocations are available.

4.6.2.6.6. SV-80A (Level "C"), SV-80B, SV-84A and SV86A training will not be SORTS reportable for UTCs FFQEK, and FFQE1-9 until 1 Jan 2010.

4.6.2.7. Medical Planner's Course: 4A0X1 personnel will attend the Medical Readiness Planners Course. All 41AX will attend either the Joint Medical Planners Course or the Contingency Warfare Planning Course.

4.7. Flying Training Requirements . All personnel required to perform flying duty on a frequent or recurring basis (Aircrew or Operational Support Flight program flyers) must ensure all flying training requirements are completed (e.g. egress, survival, crew resource management, altitude chamber, helicopter/CV-22 underwater egress, etc.). This training will be documented and maintained per local Operations Group policies, and will be monitored by the unit training manager.

4.7.1. SOFME personnel must complete aircrew block training requirements for the MC-130 aircraft. Personnel who are assigned to SOGs with CV-22 or MH53 aircraft must also complete block training requirements for those aircraft.

4.7.2. Physical Requirements. SOFME, SOST, and SOCCET personnel must meet appropriate physical standards to facilitate training, as well as for mission execution.

4.7.2.1. SOFME. All Flight Surgeons must meet medical standards for FC II and all IDMTs and PAs must meet medical standards for operational support duties in ASC 9C prior to assignment to an OSM.

4.7.2.2. SOST. All personnel assigned to SOST must meet medical standards be fully worldwide qualified and eligible to deploy prior to assignment to an OSM.

4.7.2.3. SOCCET. All personnel assigned to SOCCET must meet medical standards for operational support duties in ASC 9C prior to assignment to the OSM.

4.8. Additional Required Training Requirements. All AFSOC medical personnel will meet additional training requirements associated with mobility and the core training requirements indicated in AFI 41-106, *Unit Level Management of Medical Readiness Programs.*

4.9. Other Training . Unit commanders will determine what additional mission related training is required for operational medical personnel to meet unique mission requirements.

4.10. Pararescue Jumper Medical Training. PJ medical training and skills validation is essential to ensure a force of highly qualified and experienced PJs is prepared to execute their mission. AFSOC PJs will maintain National Registry EMT Paramedic (NREMT-P) certification and USSOCOM Advanced Tactical Practioner (ATP) certification. The US DOT recognizes the National Registry as a national certification agency that has established uniform standards for training and examination of personnel who deliver emergency pre-hospital medical care. NREMT-P certification provides the foundation for the PJ advanced medical skills array, and continuing medical skills training and currency. PJ continuing medical education is described in AFI 16-1202, Volume 1, *Pararescue and Combat Rescue Officer Training* PJ; training status reports will be accomplished quarterly IAW paragraph 9 of this instruction.

4.10.1. The following certifications, qualifications, evaluations and training are mandatory for AFSOC assigned tactically operating PJs

4.10.1.1. NREMT-P certification: required during initial PJ training. This certification is obtained during the first phase of the 3-level pararescue apprentice course.

4.10.1.2. NREMT-P core requirement re-certification and ATP re-qualification: required every two years. Completion of the Special Operations Forces Medical Skills Sustainment Program (SOFMSSP) is mandatory for all SOCOM Level 1 combat medics, including AFSOC PJs. SOFMSSP currently fulfills biennial recertification requirements for NREMT-P. SOFMSSP represents the minimal level of continuing medical education (CME) for unit PJs.

4.10.1.3. Patient contact/trauma sustainment: required every two years. AFSOC PJs require a minimum of 80 hours of patient contact/trauma sustainment during each two year period. Time and patient run-sheets/Guardian Angel Consolidated Mission Reports completed in the execution of combat, military, civil, or humanitarian operations may be used for time and contact accumulation. Hospital trauma and triage room performance may be used as well. 720 STS/SG manages the University of Alabama (UAB) hospital and ambulance ride-along program for PJs and IDMT/Ps, which is utilized for patient contact and trauma experience. HQ AFSOC/SGOT also manages the AF Center for Sustainment of Trauma and Readiness Skills (C-STARS) at UM Shock Trauma, Baltimore. These programs provide PJs with the opportunity to treat patients in field and trauma center settings using a wide variety of skills. When performing biennial patient contact/trauma sustainment rotations, PJs will review and follow any local protocol instructions. Prior to patient contact, PJs will confirm with the local medical authority, skills they are and are not allowed to practice.

4.10.1.4. Tactical Combat Casualty Care (TCCC): required every two years.

4.10.1.5. Medical Situational Exercise (MEDEX) and Evaluation (MEDEVAL) Requirements: In accordance with AFI 16-1202V1, *Pararescue and Combat Rescue Officer Training* and AFI 16-1202V2, *Pararescue and Combat Rescue Officer Standardization and Evaluation*, PJs will perform a minimum of one MEDEX every 90 days and one MEDEVAL every 18 months.

4.10.1.6. Additional and advanced formal medical training and education courses: ST Commanders and medical directors are highly encouraged to maximize PJ participation in formalized medical training venues to enhance medical capability. A listing of Pararescue Medical Operations Advisory Board (MOAB) approved Advanced Medical Training and Seminars is available on the Guardian Angel community of practice web site at **https://wwwd.my.af.mil/afknprod/ASPs/CoP/OpenCoP.asp?Filter=OO-OP-SO-07**. Recommended courses and seminars include OEMS, SEI-STOALS, and SOMA. Courses and seminars approved by the HQ AFSOC/SG are also recommended.

4.10.1.7. Unit Lectures and CME. Unit medical directors are encouraged to conduct routine medical classes, lectures, and seminars for unit PJ continuing education. Medical directors should also coordinate PJ medical training conducted by guest physicians and specialists. Unit CME hours will be documented in PJ training records.

4.10.1.8. Additional medical skills instruction and validation, and continuum of practice certification will be documented and placed in PJ medical training records. This instruction includes topics such as dental skills, and transfusion and PRBC protocols.

4.10.1.9. Clinic Sick call. PJs may not provide medical care during clinic "sick call", unless seeing patients in a student capacity under the direct supervision of a physician to enhance medical skills required during isolated ST operations. The unit medical director will ensure that training of PJs in a clinic setting is directly supervised by a physician, and is appropriately documented in PJ medical training records. Skill training documentation must include operating parameters, "re-qualification" or "currency" standards, and a skill practice expiration date.

4.11. Combat Controller and Combat Weatherman Medical Training. Combat Controllers and Combat Weathermen are required to maintain current SOCOM Tactical Combat Casualty Care (TCCC) training status. Additional medical training programs for combat control and combat weather personnel must be coordinated with HQ AFSOC/SGO.

4.12. Fire Department and Security Forces Personnel Medical Training. The host MTF will provide medical training support for AFSOC Fire Department and Security Forces. OSM medical personnel will support AFSOC Fire Department and Security Forces medical training to the extent mission and OSM training requirements allow.

Chapter 5

OPERATIONAL MEDICINE

5.1. Command and Control. Command and control of AFSOC's operational medical personnel is described in AFTTP 3-42.6, *USAF Medical Support For Special Operations Forces (SOF)*, Chapter 3. AFSOC medical personnel remain under the command and control of their line unit. However, they may fall under the professional oversight of a conventional medical commander if they are collocated with non-SOF medical units. In that circumstance, the senior AFSOC medical officer is responsible for establishing a framework for cooperative effort.

5.1.1. AFSOC medical personnel will not be chopped to support non-SOF medical requirements, and will redeploy when SOF missions and requirements are fulfilled.

5.2. Special Operations Force Medical Element (SOFME). The primary responsibility of SOFME personnel is to provide deployed aeromedical care for AFSOC forces, including preventive and acute primary care; and to provide initial combat trauma stabilization (Advanced Trauma Life Support); and CASEVAC of injured or ill joint or coalition special forces to locations where either stabilization or definitive surgical or medical care can be provided.

5.2.1. While providing deployed aeromedical care, SOFME personnel perform the following functions:

5.2.1.1. Conduct baseline environmental surveillance as necessary.

5.2.1.2. Conduct ongoing assessments and mitigation of potential environmental and occupational health hazards.

5.2.1.3. Conduct food and water vulnerability assessments.

5.2.1.4. Complete appropriate patient medical records and document environmental and occupational health exposures, known or potential exposure to NBC agents, or other health risk exposures, IAW DOD and AF directives, and file in the DD Form 2766 if required.

5.2.1.5. Complete appropriate records of any pyridostigmine tablets, NBC defensive auto-injectors or other similar agents that are dispensed by SOFME personnel.

5.3. Special Operations Surgical Team (SOST). The primary responsibility of SOST personnel is to provide resuscitative surgery in austere locations for joint and coalition special forces.

5.4. Special Operations Critical Care Evacuation Team (SOCCET). The primary responsibility of SOCCET personnel is to provide critical care medical management for joint and coalition special forces in austere locations and on SOF evacuation platforms, including AFSOC aircraft. SOCCET personnel may provide pre-surgical stabilization and transport as well as post-operative management and transport of critically injured or ill SOF.

5.5. Special Operations Psychologist (SOFPSY). Special Operations Psychologists are those SERE and Aviation qualified psychologists assigned to AFSOC operational units.

5.5.1. HQ AFSOC/SGOY will make recommendations on selection, training, and assignment of Special Operations Psychologists, and will make recommendations regarding the aeromedical disposition of cases involving psychological factors.

5.5.2. Roles and responsibilities:

5.5.2.1. The primary responsibility of the SOFPSY is to support AFSOC operational units and missions through battlefield interventions and consultation, and in-garrison preparation for, and reconstitution from, combat operations. They do this by providing psychological consultation and services to include:

5.5.2.1.1. Unit and individual performance enhancement.

5.5.2.1.2. Unit climate assessments.

5.5.2.1.3. Personnel selection programs.

5.5.2.1.4. Psychological oversight for SERE training.

5.5.2.1.5. Special training programs.

5.5.2.1.6. Post-mishap and combat trauma recovery and return to duty.

5.5.2.1.7. Reintegration of recovered personnel, after isolation in hostile territory.

5.5.2.1.8. Human factors expertise for mishap investigations and prevention activities.

5.5.2.1.9. Consultation to Influence Operations.

5.5.2.1.10. Adversary profiling.

5.5.2.1.11. Psychological oversight of battlefield interrogation and detention.

5.5.2.2. In garrison, SOFPSYs are usually assigned to an operations unit at the Group level. When deployed, SOFPSYs serve in unit or battle-staff positions to facilitate their consultation and liaison roles. Most services provided by the SOFPSY fall into the categories of consultation and training, and are not clinical treatment interventions. When airmen require clinical treatment services, the SOFPSY primarily serves as liaison between commanders, unit personnel and the appropriate medical service provider. Typically, they will refer individuals needing clinical mental health evaluation and/or medical treatment to medical treatment facilities. On some occasions, it may be appropriate for the SOFPSY to personally provide clinical evaluation or treatment. When providing such "clinical evaluation" or "treatment", the SOFPSY should, as closely as possible, adhere to the requirements of the Medical Treatment Facility in that setting. The nature of the services provided, clinical vs. consultation/training, and the specific role of the SOFPSY at that time should be clearly explained to individuals receiving services.

5.6. Special Operations Physiology Team. The primary responsibility of Special Operations Physiology Team personnel is to provide deployed support for High Altitude Airdrop Missions, hyperbaric medicine, and mishap investigation. Physiology team personnel also support human performance enhancement, air crew education, and flight and ground safety initiatives.

5.7. Special Operations Physician Assistants (PA).

5.7.1. PA Employment and Utilization:

5.7.1.1. All AFSOC PA positions must be filled with PAs with no less than 3 years of clinical PA experience and must have attained and maintained credential code "1"s on their privilege list.

5.7.1.2. When PAs deploy, they function under MTF privileges and through physician consultation at all times either in person, by phone or by electronic means.

5.7.1.2.1. A physician preceptor must be identified, in writing, for each PA. This information will be placed in Section 1 of the PA's PCF.

5.7.1.3. PAs will not deploy to an area likely to require skills outside of their credentialed scope of practice.

5.7.1.4. IAW AF policy, PAs may not precept IDMTs.

5.7.1.5. Due to medical oversight requirements, PAs will not function in deployed command/SG roles, i.e. C-JSOAC/SG, JTF/SG, etc.

5.8. Special Operations Independent Duty Medical Technicians (IDMT).

5.8.1. All IDMTs assigned to AFSOC will comply with AFI 44-103, *The Air Force Independent Duty Medical Technician Program* and AFMAN 44-158, *The Air Force Independent Duty Medical Technician Medical and Dental Treatment Protocols*.

5.8.1.1. All IDMTs assigned to OSM or Special Tactics or aviation advisory units will develop and maintain a preceptor relationship at the host MTF.

5.8.2. EMT-I/P Treatment Protocols for Air Force Special Operations Medical Technicians. AFSOC Handbook 48-1, *EMT-I/P Protocols for Air Force Special Operations Medical Technicians*, is approved as the ACLS medication formulary and protocol handbook for Independent Duty Medical Technicians, specifically AFSC 4N0X1C, assigned to Operational Support, Aviation Advisory, and Special Tactics positions. The scope of practice for Special Operation Forces Independent Medical Technicians performing EMT-I/P duties is limited to these protocols. Proposed changes to these protocols will be coordinated with HQ AFSOC/SGOT.

5.9. AFSOC Pararescue Medical Program.

5.9.1. AFSOC PJ Medical Guidance.

5.9.1.1. Pararescuemen are rescue specialists with advanced combat trauma medical training. AFSOC PJs are trained and tasked to provide emergency medical care as combat paramedics and USSOCOM Advanced Tactical Practitioners. PJs are combatants, and thus are not protected as medical personnel by the Geneva Conventions or International Law. This legal status however does not indicate a lack of medical knowledge or skills. PJs are able to provide combat and peacetime life saving and sustaining pre-hospital medical treatment, point-of-injury care, complex entrapment extrication, patient movement, large scale terminal area casualty operations, management of casualty collection points (CCPs), and multi-airframe casualty-evacuation (CASEVAC) operations. They are also qualified to act as first responder paramedics during civil and emergency response operations. All PJs are certified National Registry of Emergency Medical Technicians Paramedics (NREMT-P). Continuous NREMT-P currency is required for service in the PJ 1T2X1 AFSC.

5.9.1.2. Pararescuemen are not tasked to provide routine medical care, and they are not authorized to provide "sick call" medical care at home station or in garrison while deployed. They are not permitted to diagnose illnesses or injuries, or to dispense medications in these circumstances. PJs will defer requests for medical care to the appropriate local medical treatment system. PJs may only provide "sick call" medical care in garrison under the direct supervision of a physician in a training environment to develop or sustain skills that may be required during isolated operations.

5.9.1.3. During extended isolated military operations such as patrols, reconnaissance/ surveillance missions, or forward operation bases, when physicians or IDMTs are not available, a PJ may utilize skills, techniques, and medications as appropriately trained, approved, and documented, utilizing approved published guidance (see paragraph 5.9.5.). Any additional skills,

techniques, or medications that are utilized by the PJ must first be trained, documented, and specifically authorized by the unit Medical Director in training records, or coordinated through medical control. Medical director involvement is essential in validating additional areas of practice or expertise for unit PJs.

5.9.2. PJ Medical Program Management. Overarching AF PJ medical program management is contained in AFI 16-1202, Volumes 1 and 2, and in general is covered within this section; AFSOC specific requirements are included here as well. PJ medical training and qualification will be extensively documented and maintained in the member's OJT 623 record. For convenience, medical training records may be maintained geographically separated from the 623 record; refer to AFI 16-1202, Volume 1, for guidance.

5.9.2.1. Air Combat Command (ACC) is the lead AF command for PJ medical issues. HQ ACC/SGP addresses medical qualifications, requirements, and PJ medication and procedures handbook issues. Changes to training, protocols, medications, and equipment are coordinated through the (ACC) Pararescue Medical Operations Advisory Board (MOAB). Formalized PJ MOAB conferences are conducted twice yearly, usually during June and December. HQ AFSOC will provide physician and PJ representatives for MOAB meetings.

5.9.3. Medical Director and Medical Control. AF, DOD, and DOT directives mandate appointment of a physician medical director to oversee the medical training, qualification, and practice of NREMT-Ps (PJs). The PJ medical director should have expertise in combat trauma medicine, delivery of medical care in field environments, and pre-hospital medical care, transport systems, and equipment. It is desirable for the medical director to be a Flight Surgeon familiar with PJ operational environments and conditions.

5.9.3.1. The medical director will be appointed in writing by the ST unit commander. A copy of the appointment letter will be sent to the host base MTF SGH and to the HQ AFSOC/SGO. Additionally, a copy will be filed in each unit PJ's medical training record.

5.9.3.2. The medical director works with and guides the ST unit Medical Training NCO to ensure appropriate execution of the PJ medical program.

5.9.3.2.1. The medical director will review PJ medical training status to ensure that PJs remain current on all required medical training, conduct medical proficiency spot checks of PJs and TCCC proficiency checks of other Special Tactics personnel, and assist in planning and conducting PJ MEDEXs and MEDEVALs.

5.9.3.3. Medical control for PJs must be provided by a credentialed physician. PJs will follow the medical control order of precedence published in the Pararescue Medication and Procedure Handbook. When the unit medical director deploys with PJs, the medical director will coordinate with the JSOTF/SG, TSOC/SG, JTF/SG or COCOM/SG to facilitate appropriate medical control for PJs. When PJs deploy without the unit medical director, the senior deployed PJ will coordinate with the JSOTF/SG, TSOC/SG, JTF/SG or COCOM/SG and the commander(s) of the medical unit(s) located in the AOR to establish medical control procedures and to ensure physicians who may provide medical control in the AOR are aware of PJ medical capabilities.

5.9.3.4. PJs assigned above squadron level (i.e. at Groups or higher commands) will fall under the medical direction of the local ST squadron medical director.

5.9.4. Medical Training NCO. The NCO of Medical Training (NCOMT) will be designated by the unit commander in writing. The NCOMT should be supervised by the Director of Operations or the

PJ Team Superintendent. The NCO must work closely with the medical director and senior team PJ to ensure the PJ medical program is robustly managed.

5.9.4.1. The NCOMT will be a fully qualified IDMT and NREMT-P, preferably with an operational background. The NCOMT should have at least two years experience as an IDMT/P and should be an experienced BLS, SABC, and TCCC instructor. The NCOMT will maintain currency as an IDMT/P.

5.9.4.2. The NCOMT will primarily manage the PJ medical program. The NCOMT will utilize AFI 16-1202 series as medical program guidance. Medical program management includes maintaining medical training records and documentation, conducting medical classes and training, and conducting or assisting with MEDEXs and MEDEVALs. Program management also includes coordinating currency training (SOFMSSP), ATP exams, patient contact/trauma sustainment rotation (UAB, CSTARS), Tactical Operational Medical Simulation lab training, CME lectures/classes, and supplementary medical courses. The NCOMT will track medical training status for all PJs. Additionally; the NCOMT will assist with operational medical planning as required.

5.9.4.3. The NCOMT's secondary duties will include conducting required medical classes and training for unit operators and personnel. Additionally the NCOMT should provide emergency medical coverage for unit training as capable.

5.9.5. Operational Medical Guidance. AFSOC PJs will follow approved published guidance for medical treatment protocols. Guidance includes the following:

5.9.5.1. First line combat/operational: Pararescue Medication and Procedure Handbook (current edition). This handbook is the approved formulary for pararescue medicine per AFI 16-1202, Volume 1.

5.9.5.2. Second line combat/operational: USSOCOM Tactical Medical Emergency Protocols (TMEPs) for ATPs.

5.9.5.3. Third line garrison/civil pre-hospital emergency medical care: AFSOC Handbook 48-1, *EMT-I/P Protocols for Air Force Special Operations Medical Technicians*, and additional appropriate paramedic level pre-hospital continuum of care as defined in current Brady or Mosby's paramedic level texts.

5.9.6. Operational Medical Reporting. PJs will complete Guardian Angel Consolidated Mission Reports (GA CMRs) for all missions. Medical treatment information will be extracted for submission and legacy database input.

5.9.6.1. The GA CMRs will be edited for classified and sensitive mission data, but will be submitted with as much medically relative information as possible.

5.9.6.2. When possible PJs will utilize their medical director or deployed AFSOC flight surgeon as the conduit for CMR submission to HQ AFSOC/SG.

5.9.6.3. At a minimum, PJs must ensure submission of the CMR to the HQ AFSOC/A3J, Command Personnel Recovery Pararescue Superintendent via secure communication channels. The AFSOC/SG PJ POC will ensure a CMR that does not include sensitive mission data is forwarded to the HQ AFSOC/SGO and HQ ACC/SGP for database input.

5.9.7. PJ Medical Qualification. The following qualifications and certifications are mandatory requirements for tactically operating PJs assigned to AFSOC:

5.9.7.1. Current NREMT-P certification and all associated certification requirements, including BLS, PALS, and ACLS.

5.9.7.2. Current Advanced Tactical Practitioner (ATP). This SOCOM requirement is mandatory for all SOCOM Level 1 Combat Medics, including AFSOC PJs. (ATP qualification is waived for E-8 and E-9 PJs, unless deploying at the operational tactical level.) ATP guidance is located in USSOCOM 350-29, *SOF Combat Medical Training and Qualification*. ATP qualified PJs are issued an ATP certificate and card with an ATP number.

5.9.7.2.1. PJs who are assigned to AFSOC but who are not ATP qualified, or are ATP expired, will take the ATP exam ASAP, but must take the exam within six (6) months of assignment, and must be ATP qualified prior to operational deployment. Newly assigned AFSOC PJs will be scheduled for SOFMSSP as soon as practical, but must be scheduled within their next NREMT-P recertification cycle.

5.9.7.3. Current Tactical Combat Casualty Care (TCCC).

5.9.7.4. Current Medical Evaluation IAW AFI 16-1202, Volume 2.

5.9.8. Non-standard medications. Non-standard medications are medications used by PJs that are not included within the AFSOC Pararescue Medication and Procedure Handbook, the USSOCOM TMEPs or AFSOC Handbook 48-1, *EMT-I/P Protocols for Air Force Special Operations Medical Technicians.* Any use of non-standard medications must be IAW DOD, AF and USSOCOM policy. Any use of non-standard medications by PJs must be approved by the 720 STG/SG and HQ AFSOC/SG prior to use. A physician must authorize specific use of a non-standard medication; that physician assumes responsibility for use of the medication. Appropriate training must be completed and documented prior to PJ use of non-standard medications. If non-standard medication training is completed for PJs while deployed, the training will be documented and a copy of the documentation will be forwarded to the PJ's home station medical director and NCOMT for placement in PJ medical training records. If non-standard medications are used by a PJ, the PJ will report the use and send documentation of the authorization for use to the home station medical director and NCOMT as soon as possible. Any use of non-standard medications by PJs will be reported by the unit NCOMT as soon as possible to the 720 STG/SG and the HQ AFSOC/SG.

5.9.9. Experimental medical materials and equipment. Any use of experimental medical materials and equipment must be approved by the 720 STG/SG and HQ AFSOC/SG prior to use. All DOD, AF, AFSOC, and USSOCOM requirements related to the use of experimental medical materials and equipment must be complied with. Proper training must be completed and documented prior to use of experimental medical materials and equipment.

5.10. Special Tactics Medical Logistics.

5.10.1. The HQ AFSOC 4A1 Functional Manager is responsible for the organization, training, and the coordination of 4A personnel assignments. The 4A1 Functional will ensure compliance with AF and AFSOC instructions and policies.

5.10.2. HQ AFSOC/SGXL is responsible for all MEFPAK related requirements. Any proposed to MEFPAK allowance standards will be routed through 720 STG to HQ AFSOC/SGXL for headquarters oversight. HQ AFSOC/SGXL will forward validated medical Allowance Standard changes to HQ ACC/SGXM.

5.10.3. 720 STS logistic technicians are responsible for their units WRM and associated medical logistics functions. Any recommended changes to policies or procedures will be coordinated with the HQ AFSOC 4A1 Functional Manager.

Chapter 6

HOME STATION RESPONSIBILITIES

6.1. AFSOC Operational M edical Personnel Responsibilities:

6.1.1. Flight surgeons, SOST and SOCCET physicians, physician assistants, nurses and medical technicians that are assigned to operational AFSOC units have unique roles and responsibilities. Their command and control is executed through line commanders. When not deployed, the primary duty location for OSM, SOF aviation advisory medical personnel, and medical personnel assigned to special tactics units is their unit of assignment. However, AFSOC's operational medical personnel must maintain their medical credentials and privileges, and sustain clinical proficiency at their host MTF and thus must ensure a professional working relationship with MTF medics and leadership. Therefore operational medical personnel must continually balance line and clinical responsibilities.

6.1.2. The first priority of AFSOC operational medical personnel is mission execution. OSM, SOF aviation advisory medics, and medical personnel assigned to special tactics units are integral members of their respective line units. OSM medics provide clinical aerospace medicine and life-saving surgery for SOF at austere deployed locations, and execute casualty evacuation and patient transloads on SOF aircraft. SOF aviation advisory medical personnel primarily advise foreign forces how to provide medical care in austere environments, but also must be prepared to provide clinical aerospace medicine and advanced trauma life support skills for AFSOC aviation advisory teams that are deployed in remote locations. Medical personnel assigned to special tactics units primarily provide medical training and evaluation of medical skills for special tactics personnel (specifically providing paramedic level training for PJs, and evaluating their trauma skills). Additionally AFSOC IDMT/Paramedics assigned to special tactics units provide paramedic level trauma management and IDMT medical support for STS training operations, and IDMT medical care at forward bases during SOF operations in the austere environment.

6.1.2.1. All OSM, SOF aviation advisory medical personnel, and medical personnel assigned to special tactics units will be assigned to designated AFSOC UTCs and will ensure that they are always prepared to deploy and fully execute mission requirements IAW the appropriate Mission Capability Statements (MISCAP).

6.1.3. The second priority of operational medical personnel is their preparation for mission execution.

6.1.3.1. Unit leadership and operational medics should be mindful that the core skill OSM, SOF aviation advisory medical medics, and medical personnel assigned to Special Tactics units provide SOF is the proficient delivery of aeromedical and trauma care. Adequate clinical exposure when not deployed is critical for sustainment of the proficiency that operational medical personnel require to be prepared to fully execute mission requirements while deployed.

6.1.3.2. Operational medical personnel must also complete other training as outlined in Section D above to be prepared to execute their deployed mission.

6.1.3.3. Additionally, all operational medical personnel must maintain their medical equipment in a consistent state of readiness. The medical logistics POC for each operational medical element must coordinate with the host base MTF logistics section to ensure proper calibration and major repair of medical equipment.

6.1.3.4. Operational medical personnel must also participate in mission planning (and train-up or rehearsal) at home station with the units they support to facilitate successful mission execution while deployed.

6.1.4. The third priority of operational medical personnel is medical preparation of deploying AFSOC forces. Operational medical personnel must coordinate with the host base MTF to ensure that the members of units to which they are assigned are medically mission ready. Host base MTFs retain primary responsibility for medical readiness for all assigned personnel IAW Air Force directives.

6.1.4.1. Operational medical personnel not assigned within Special Operations Wings will review, track and maintain Preventive Health Assessments and Individual Medical Readiness (PIMR)/Air Force Complete Immunization Tracking Application (AFCITA) mobility requirements, assist in pre and post deployment medical screening and interviews, and coordinate with MTF force health management to ensure that PIMR statistics are provided to their commanders.

6.1.4.2. Operational medical personnel assigned within the 1st or 27th Special Operations Wings will coordinate with the SOMDG to ensure that the SOW personnel with whom they deploy are medically mission ready and that SOW personnel complete appropriate pre and post deployment medical requirements.

6.1.4.3. When mission requirements allow, operational medical personnel will assist host MTF immunizations personnel with the administration of immunizations for deploying forces.

6.1.4.4. Operational medical personnel will participate, as appropriate, in medical training of other AFSOC personnel, including Pararescuemen, to prepare them for their deployed missions.

6.1.4.4.1. The medical director appointed in writing by the ST unit commander is responsible for medical oversight of AFSOC PJs assigned at their duty station. The senior AFSOC flight surgeon at deployed locations is responsible for medical oversight of AFSOC PJs at the deployed location if the PJ's unit medical director is not deployed at the location. The senior IDMT assigned to each STS is responsible for managing PJ training. The STS commander retains command responsibility for PJ training.

6.1.4.4.1.1. Physicians, physician assistants, nurses, and medical technicians assigned to OSMs will assist with medical training of PJs. They will provide paramedic and Tactical Emergency Medical Protocol training and evaluation for PJs, assist the ST unit medical director in conducting medical proficiency spot checks of PJs and TCCC proficiency checks of other Special Tactics personnel, and assist in planning and conducting STS MEDEXs and MEDEVALs.

6.1.5. The final priority of operational medical personnel is to provide medical care (Flight Surgeons are expected to provide direct patient evaluation and care in the flight medicine clinic. IDMTs are expected to provide paraprofessional support to Flight Surgeons in the flight medicine clinic as outlined in the 4N0X1 CFETP.) Flight Surgeons and IDMTs are also expected to perform aerospace medicine administrative functions (aeromedical waivers, shop visits, safety reviews) while in-garrison. These activities sustain proficiency of skills that will be required while deployed, and also directly contribute to the medical readiness of Air Force special operations forces to deploy. However, OSM physicians or physician assistants are not to be designated as Primary Care Managers and clinics should not empanel patients to them because of their expected frequent deployment.

6.1.5.1. Each OSM flight commander (or designated representative) will develop a monthly duty schedule for all personnel assigned. After required training, mission preparation and other unit duties and training are accounted for, the schedule will be provided to the MTF SGP to allow for appropriate scheduling of OSM personnel within host base flight medicine clinical and administrative functions. SOF aviation advisory medics and STS IDMTs will also coordinate with the MTF SGP to allow for appropriate scheduling. Similar scheduling for SOST and SOCCET personnel will be coordinated with the MDG POC designated by the MDOS/CC or other appropriate MTF squadron commander.

6.2. Prescribed and Adopted Forms.

6.2.1. Prescribed Forms: None

6.2.2. Adopted Forms:

AF Form 55, *Employee Safety and Health Record*

AF Form 765, *Medical Treatment Facility Incident Statement*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1041, *Medical Recommendation for Flying or Special Operational Duty Log*

AF Form 1042, *Medical Recommendation for Flying or Special Operational Duty*

DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*

DD Form 2795, *Pre-Deployment Health Assessment Questionnaire*

DD Form 2796, *Post-Deployment Health Assessment*

SF 600, *Health Record – Chronological Record of Medical Care (DD Form 2005, Privacy Act Statement Serves)*

Bart O. Iddins, Col, USAF, MC, CFS
Command Surgeon

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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AFI 48-135, *Human Immunodeficiency Virus Program*, 12 May 2004

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AFSOCI 48-1391, *Laser Radiation Protection Program*, 25 Jun 2007

AFSOCI 60-101, *AFSOC Diving Program*, 1 Jul 1998

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AFSC—Air Force Specialty Code

AIMWTS—Aeromedical Information Medical Waiver Tracking System

ATLS—Advanced Trauma Life Support

ARC—Air Reserve Components

CCATT—Critical Care Aeromedical Transport Team

CDC—Centers for Disease Control and Prevention

CME—Continuing Medical Education

CONOPS—Concept of Operations

CPS—Clinical Preventive Services

CSAR—Combat Search and Rescue

FHM—Force Health Management

HBsAb—Hepatitis B virus surface antibody

HBV—Hepatitis B virus

HCP—Health care provider (physicians, physician's assistants, nurse practitioners, and independent duty medical technicians)

HIV—Human immunodeficiency virus

IAW—in accordance with

ICTB—Interfacility Credentials Transfer Brief

ICP—Infection Control Program

IDA—Insect Repellent, clothing application, permethrin

IDMT—Independent Duty Medical Technician

IDO—Installation Deployment Officer

IPPD—Intradermal purified protein derivative (tuberculosis test)

JEV—Japanese encephalitis virus

JPRA—Joint Personnel Recovery Agency

MIO—Medical Intelligence Officer or NCO

MPF—Military Personnel Flight

MTF—Medical treatment Facility

OSM—Operational Medical Support Flight

OSHA—Occupational Safety and Health Administration

PERSCO—Personnel Support of Contingency Operations

PEPP— Physical Examination Processing Program

PHTLS— Pre Hospital Trauma Life Support

PIMR—Preventative Health Assessment and Individual Medical Readiness

PRU—Personnel Readiness Unit

PJ—Pararescueman

PPE—Personal Protective Equipment

RAM—Graduate of the USAFSAM Residency in Aerospace Medicine

RCHRA—Reserve Component Health Risk Assessment

SGP—Chief, Aerospace Medicine

SOCCET—Special Operations Critical Care Evacuation Team

SOFME—Special Operations Force Medical Element

SOFMSSP—Special Operations Forces Medical Skills Sustainment Program

SORTS—Status of Resources and Training System

SOST—Special Operations Surgical Team

UDM—Unit Deployment Managers

USAFSAM—USAF School of Aerospace Medicine

UTC—Unit Type Code

Attachment 2

DEPLOYED QA OVERSIGHT DOCUMENTATION AFSOC DEPLOYED MEDICAL OVERSIGHT

Table A2.1. Deployed QA Oversight Documentation AFSOC Deployed Medical Oversight.

Authority: 10 U.S.C. 55, Medical and Dental Care; 10 U.S.C. 8013, Secretary of the Air Force; and E.O 9397 (SSN).
Purpose: To document quality assurance reviews of chart reviews.
Routine Uses: Internal review, no disclosure outside DOD.
Disclosure: Voluntary, failure to provide requested information may result in delay of training requirements.

	1	2	3	4	5	6	7	8	9	10
Reviewer (Name, Unit)	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**	**Last 4 SSN**
Provider (Name, Unit)	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**
	Pt Initials	**Pt Initials**	**Pt Initials**	**Pt Initials**	**Pt Initials**	**Pt Initials**	**Pt Initials**	**Pt Initials**	**Pt Initials**	**Pt Initials**
Chart Documentation										
Prevention Addressed										
Was Pain Assessed										
If yes, was pain managed										
Antibiotic Usage										
List Antibiotic										
Radiological Utilization										
Consult Utilization										
Drug Utilization										
Lab Utilization										
Grounding Management										

Legend: **Y**=Yes-item used or ordered and met criteria **N**=No- item did not meet criteria or was indicated and not used **N/A**= Not applicable – not used or ordered and was not indicated

Documentation of Discrepancies – All items marked "N" require Explanation	
Chart Last 4 SSN	**Discrepancy – Give brief explanation of how criteria are not met. Note if Discussed with provider**

Attachment 3

QUARTERLY OPERATIONAL MEDICAL UNIT EXECUTIVE REPORT

(Classify based on information included) (Submit via SIPR)

Unit Name
AFSOC Operational Medical Unit Quarterly Executive Summary
X Quarter FYXX

Flight Commander's/ Element OIC's Overview

Completed Deployments

List dates, location, and who deployed

Upcoming Deployments

Logistics

Personnel

Training

Clinical: (See paragraph 20. List all personnel who are not mission qualified or mission ready for clinical medical requirements. State none if all unit personnel are mission qualified/ mission ready for clinical medical requirements)

Current Issues

//SIGNED//
Flight Commander/Senior Flight Surgeon/
Element OIC

Attachment 4

AFSOC OPERATIONAL MEDICAL PERSONNEL TRAINING REQUIREMENT WAIVER REQUEST

(Unit letterhead) Date

MEMORANDUM FOR SQUADRON/CC
GROUP/CC
HQ AFSOC/SGO
HQ AFSOC/SGP
HQ AFSOC/SG
IN TURN

FROM: OSM Flight CC or equivalent
Mailing Address

SUBJECT: AFSOCI 48-101 Waiver Request

1. Waivers to AFSOCI 48-101 must include:
Paragraph number and name defining requirement to be waived.
Reason for inability to comply with requirement.
If waiver is a follow-on to a previous waiver, explain why another waiver is required.
Description of the plan to attain compliance.
Date of expected compliance.

2. OSM flight commander (or equivalent officer) from the originating unit must sign AFSOCI 48-101 waiver requests and forward it "IN TURN" to HQ AFSOC/SG. (Waivers may be submitted electronically to by email)

3. Approved waivers will expire at expected compliance date or 180 days from approval date, whichever occurs first.

OSM Flight Commander